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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 887469 7328399

AUTHORIZATION CHOULD Bleman

COST LIMIT : \$-125.00

ORDER DATE: October 27, 2017

ORDER TIME : 2:57 PM

ORDER NO. : 887469-010

CUSTOMER NO: 7328399

FOREIGN FILINGS

NAME: BOF FL 2001 NW 64 LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section Division of Corporations

BOF FL 2001 NW	64 LLC		
	Name of	Limited Liability Company	
The enclosed "Application by Fo Existence, and check are submit	oreign Limited Liability Comp ted to register the above refere	oany for Authorization to Tra enced foreign limited liabilit	ansact Business in Florida," Certificate y company to transact business in Flori
Please return all correspondence	concerning this matter to the	following:	
	N	ame of Person	
	Fi	irm/Company	
		Address	
	City/S	tate and Zip Code	
	E-mail address: (to be use	d for future annual report no	tification)
For further information concerni	ing this matter, please call:		
Name	of Contact Person	at () Area Code Day	ytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>5:</u> ns	Division Registrat Clifton F 2661 Exc	of Corporations tion Section Building ecutive Center Circle sec, FL 32301
Enclosed is a check for the follo □ \$125.00 Filing Fee	wing amount: \$\Bigsireq \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 BOF FL 2001 NW 64 LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "E. L.C.," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign himsed hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605,0905, F.S. to determine penalty liability.) 6. 111 E. Sego Lily Drive, Suite 400 111 E. Sego Lily Drive, Suite 400 (Mailing Address) (Street Address of Principal Office) Sandy, UT 84070 Sandy, UT 84070 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Services Company Name: 1201 Hays Street Office Address: Tallahassee . Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Roxanne Turner Asst. Vice Président (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Jonathan P. Slager Manager 111 E. Sego Lily Dr., #400 Sandy, UT 84070 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Exped or printed name of signee

Jonathan P. Slager

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOF FL 2001 NW 64 LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTIETH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOF FL 2001 NW 64 LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6594398 8300

SR# 2017684**7570**

Authentication: 203483592

Date: 10-30-17